

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034092

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 68

Primary Registration District No. 4119

Registrar's No. 48

FILED SEP 27 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Ozark</i>		Length of stay in lb <i>50 years</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home of Madge Tunnell</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN <i>Ozark</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <i>no street address</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Margaret</i> Middle <i>"Maggie"</i> Last <i>Tunnell</i>		4. DATE OF DEATH Month <i>September</i> Day <i>14</i> Year <i>1962</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11/12/1881</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>	
11. BIRTHPLACE (City and state or country) <i>Greenfield, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>David Shirkey</i>		13b. MOTHER'S MAIDEN NAME <i>Phoebe Turner</i>	
14. NAME OF HUSBAND OR WIFE <i>Wm. Thaddeus Shirkey</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT <i>Mrs. Madge Tunnell, Ozark, Missouri</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Inanition + Dehydration</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Carcinomatosis</i> DUE TO (c) <i>Purpura Ca. of Stomach</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Prob. 6 mos</i> <i>1 to 2 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>---</i> a.m. <i>---</i> p.m. <i>---</i> Month, Day, Year <i>6/1/54</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Ozark</i>	
20g. COUNTY <i>Missouri</i>		20h. STATE <i>Missouri</i>	
21. I attended the deceased from <i>6/1/54</i> to <i>9/13/62</i> and last saw her alive on <i>9/13/62</i> Death occurred at <i>1:40 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Wm. P. McCrumb D.O.</i>	
22b. ADDRESS <i>Ozark</i>		22c. DATE SIGNED <i>9/18/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/16/1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ozark Cemetery</i>	23d. LOCATION (City, town, or county) <i>Ozark, Missouri</i>
24. FUNERAL DIRECTOR <i>John Harris</i>	ADDRESS <i>Ozark, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Sept. 20, 1962</i>	26. REGISTRAR'S SIGNATURE <i>Mary Kaufman</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John H. Harris*

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained. Sept. 15, 1962.

JH H.